

**Commonwealth of Virginia**

**REQUEST FOR APPLICATIONS**

**Issue Date:** July 2, 2013 **RFA #720C-04369-13M**

**Title:** Bringing Systems of Care to Scale in Virginia

**Issuing Agency:** Department of Behavioral Health and Developmental Services (DBHDS), P. O. Box 1797, Richmond, Virginia 23218-1797

**Location Where Work Shall Be Performed:** Commonwealth of Virginia - Statewide

**Period of the Contract:** November 1, 2013 – October 31, 2016 (Estimated Start Date)

**Renewals:** None

**All inquiries for information shall be directed to:**

Submit Comments & Questions	<b>To ensure that all questions receive responses, interested applicants are requested to submit questions via email to <u><a href="mailto:mike.oprysko@dbhds.virginia.gov">mike.oprysko@dbhds.virginia.gov</a></u> and <u><a href="mailto:dick.myers@dbhds.virginia.gov">dick.myers@dbhds.virginia.gov</a></u> by no later than 3 PM EST - July 16, 2013.</b>
	<b>No other questions will be responded to after this deadline</b>
Copies of the RFA and Answers to submitted Questions	Copies of the RFA may be obtained from eVA at <u><a href="http://www.eva.virginia.gov">www.eva.virginia.gov</a></u> click on solicitations and scroll down to the RFA. Answers to submitted questions can be found in the same place.

**Applications shall be received until 3:00 pm, EST September 5, 2013**

IF Applications ARE MAILED, **SEND DIRECTLY TO ISSUING AGENCY SHOWN ABOVE.** IF Applications ARE HAND DELIVERED OR MAILED FOR SPECIAL DELIVERY TO OUR OFFICES, **DELIVER TO: Jefferson Building, 1220 Bank Street, Eighth Floor, Office of Administrative Services, Richmond, Virginia 23219.** Envelopes should be marked with the RFA number and closing date and time. If an Application is not properly identified, the Applicant takes the risk that the envelope may be inadvertently opened and the information compromised which may cause the offer to be disqualified.

It is the Applicant's responsibility to ensure that solicitation documents are received in the DBHDS Procurement Office by the date and time stipulated above.

IN COMPLIANCE WITH THIS REQUEST FOR Applications AND TO ALL THE CONDITIONS IMPOSED HEREIN, THE UNDERSIGNED OFFERS AND AGREES TO FURNISH THE SERVICES IN ACCORDANCE WITH THE ATTACHED SIGNED Application OR AS MUTUALLY AGREED UPON BY SUBSEQUENT NEGOTIATION.

**Applicant - Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_  
*(Official Signature in Ink)*

**Telephone:** \_\_\_\_\_

**Printed  
Name:** \_\_\_\_\_

**FEI/FIN Number:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*\*One complete RFA must be filled out, signed and return with the application submission. It is not required to submit more than one copy of the signed RFA with your one (1) original and six (6) copies of your application.**

FORM 1 – INTENTION TO RESPOND

RFA #720C-04369-13M

No Cover Sheet Is Required

**E-MAIL BACK:** Your assistance is requested. Please fax back by no later than **July 16, 2013**.

**TO:** Office of Administrative Services - Virginia Department of Behavioral Health and Developmental Disabilities - Richmond, Virginia 23218

**E-MAIL TO:** mike.oprysko@dbhds.virginia.gov

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The organization below (check any that apply):

☐ Intends to prepare and submit an application to the above referenced solicitation.

Our contact person will be: \_\_\_\_\_

Contact voice phone number is: \_\_\_\_\_

Contact fax number is: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

☐ Does NOT intend to respond to the above referenced solicitation.

☐ Other message: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Person Responding: \_\_\_\_\_

Voice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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## 1.0 PURPOSE AND BACKGROUND:

In October of 2012, the Department of Behavioral Health and Developmental Services (DBHDS) in partnership with other children's services stakeholders was awarded a System of Care Expansion Implementation Cooperative Agreement through the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the four year federal grant project includes three primary objectives listed below of which the latter will be the focus for this Request for Applications (RFA):

- 1.1 Establishment of a Wraparound Center of Excellence at the Office of Comprehensive Services that will oversee the development of a public-private provider network statewide that requires High Fidelity Wraparound Intensive Care Coordination through a System of Care Framework
- 1.2 Provision of Family/Youth engagement and support statewide via the National Alliance on Mental Illness (NAMI) Virginia Family Network
- 1.3 **Provision of mini grants through DBHDS to providers at the local government level for the development of community based services that support intensive care coordination and the Wraparound philosophy at the individual service planning level and Systems of Care values and principles at the larger community level system.**

A total of up to \$3,000,000 is available for the entire grant period September 1, 2013 through September 30, 2016. Applicants should determine the amount of funds needed for their proposal to develop the system of care in their community. Grants will be awarded for up to three years. Applications may also be submitted and grants may be awarded on an annual basis. Oversight and coordination of the mini grant projects will be led by members of the Virginia System of Care Implementation Team, which consists of representatives from the Department of Behavioral Health and Developmental Services, the Office of Comprehensive Services, the Department of Medical Assistance Services, the Department of Social Services, the NAMI Virginia Family Network and the Office of the Secretary of Health and Human Resources. Representatives from the Virginia System of Care Implementation Team will decide the number of grants to be awarded.

Successful applicants will also be eligible for training and technical assistance from Georgetown University.

### **Target Population:**

The population of focus for the mini-grant project is children through age 21 that have a serious emotional disturbance that is diagnosable under the DSM-IV. Specifically, the target population must have one or more of the following: a mental health problem, a co-occurring mental health and substance abuse problem, contact with the social services system, juvenile justice or court system, require emergency services, or require long term community mental health and other supports.

### **Wraparound**

Wraparound is defined by the National Wraparound Initiative as: "...an individualized, team-based service planning and care coordination process underpinned by a strong value base intended to improve outcomes for youth with complex behavioral health challenges and their families (Bruns et al., 2010)."

In her February 2012 report, "Statewide Implementation of Wraparound," Barbara J. Bazron, Ph.D. states: "This intensive process has been used historically to integrate youth back into their families and communities from out-of-home placements; these include residential treatment centers, psychiatric hospitals, juvenile justice facilities, group homes, and foster care placements. The wraparound process is also used to keep youth at immanent risk of costly out-of-home placement in their families, schools, and communities. The populations of focus include youth with complex behavioral health needs who are involved in one or more of the following systems: child welfare, juvenile justice, mental health, and/or special education."

Dr. Bazron's description clearly describes Virginia's Comprehensive Services Act (CSA) focus, mission, and population. Embedding the strong principles of the national Wraparound model into existing local Family Assessment and Planning Teams (FAPT) and multidisciplinary team processes will enhance the delivery of services to youth across the Commonwealth. Virginia's commitment to the effective coordination of care for youth in, or at risk of, out of home placements is evidenced in its statutory requirement for each local Community Policy and Management Team (CPMT) to establish policies for the provision of Intensive Care Coordination services.

The Virginia Wraparound Center of Excellence (COE) opened with the hiring of a Wraparound Center of Excellence in February 2013. The COE is currently working towards the following:

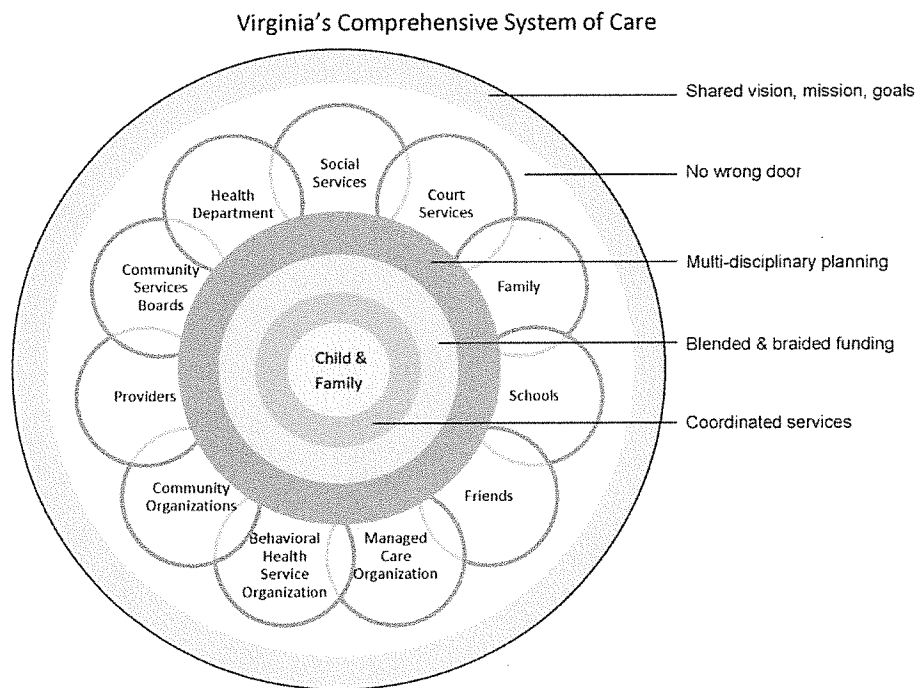
- 1) Provision for the certification of Intensive Care Coordinators in the High Fidelity Wraparound model.
- 2) Overseeing certification and activities of individuals who will serve as coaches responsible for ensuring adherence to the High Fidelity Wraparound model in the delivery of Intensive Care Coordination.
- 3) Provision of opportunities for local FAPT and CPMT members to enhance understanding of the core values and guiding principles underlying the Systems of Care philosophy and the High Fidelity Wraparound model.
- 4) Overseeing the collection and analysis of data regarding statewide expansion of Systems of Care and implementation of the High Fidelity Wraparound model.

The Center of Excellence is based at the Office of Comprehensive Services, supervised by the Executive Director of the Office of Comprehensive Services, and supported by an Advisory Committee composed of representatives of key children's services stakeholder groups.

### **Systems of Care in Virginia**

"A system of care is: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life." (Stroul, B., Blau, G., & Friedman, R., 2010)

Virginia's Comprehensive System of Care is illustrated in the following diagram:



Virginia's commitment to the System of Care approach was codified in 1993 with the adoption of the Comprehensive Services Act ("CSA") which blended core children's services fund streams and established requirements for multi-agency planning of children's services. Virginia's system of care includes the Comprehensive Services Act and the system of care is the coordination of all the child serving systems. The CSA is guided by the following set of principles:

- **Family focused:** ensuring families and caretakers are partners in decision-making on the assessment, design, delivery and management of services.
- **Strength based:** ensuring that the design and provision of services respond to the unique and diverse strengths, needs and potential of children and their families, and builds upon natural family and community supports.
- **Continuum of care:** providing access to a continuum of assessment, early intervention, treatment, and transition services and supports in communities.
- **Community based:** providing appropriate services in the least restrictive environment, striving to preserve and strengthen families, and enabling children to remain in their homes and communities, balanced with the need to protect the welfare of children and maintain public safety.
- **Integrated care:** providing integrated services and funding for children and their families with designated care coordination to ensure multiple services are coordinated across agencies and evolve over time to meet the changing strengths and needs of children and their families.
- **Culturally & linguistically responsive:** providing services and supports that are responsive to the culture and language of the child and family.
- **Collaborative:** supporting open communication, active participation, and collaboration among CSA stakeholders across all sectors and at all levels on program and fiscal policy development, service delivery and management. Encouraging public-private partnerships in service delivery.

- **Strong state leadership:** ensuring policies, uniform guidelines, services, funding and practices support systems of care in communities that can be tailored to meet the unique strengths, resources, and needs of children, families and communities.
- **Flexible funds:** providing communities flexible funds, authorizing them to make decisions and to be accountable for providing services in concert with the CSA.
- **Fiscally accountable:** ensuring funds are spent effectively, efficiently and equitably, maximizing and pooling all federal, state, local & private resources.
- **Outcome & quality improvement:** improving program quality using customer feedback, child and family results, and program and fiscal data.

## Systems of Care Nationally

SAMHSA has funded over 121 Systems of Care communities across the country through the Comprehensive Community Mental Health Services program since 1992. Successful outcomes for children and youth included:

1

- One-third of children and youth in the child welfare system and nearly 40% involved in the juvenile justice system showed significant improvements on measures of emotional and behavioral symptoms and strengths in the first year after entering services in systems of care.
- Among youth 12 and older who identified substance use problems at intake, 36% involved with the child welfare system and 32% involved with the juvenile justice system reported no substance use problems after 6 months.
- Youth 11 and older involved in the juvenile justice system were less likely to be arrested, and children and youth involved in the child welfare system were less likely to make suicide attempts after entering system of care services.

## 2.0 QUALIFICATIONS OF APPLICANT

DBHDS is soliciting proposals from entities representing collaborative interagency groups, such as Community Policy and Management Teams (CPMTs) established under the Comprehensive Services Act (CSA). One CPMT, or a group of several CPMTs, or an entity representing interagency stakeholders may submit a proposal. A single entity must agree to act as the fiscal agent for the mini-grant.

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<sup>1</sup> Information taken directly from the SAMHSA Short report for National Children's Mental Health Awareness Day 2012, "Promoting Recovery and Resilience for Children and Youth Involved in Juvenile Justice and Child Welfare Systems." May 9, 2012.



### **3.0 SCOPE OF WORK AND PROGRAM DEVELOPMENT REQUIREMENTS**

The Applicant(s) should have and be able to demonstrate:

- 3.1 **Commitment to Systems of Care core principles and sound interagency collaboration** with private agencies, CPMTs, FAPTs and other children's services stakeholders.
- 3.2 Documented, specific endorsement, support, and pledge to monitor and cooperate with the local FAPT(s) or CPMT(s) for the proposed project.
- 3.3 Agreement to the requirement for all Intensive Care Coordinators and supervisors associated with the proposed project to participate in the **Wraparound Intensive Care Coordinator Certificate Program** being provided through collaboration with the University of Maryland and the Virginia Wraparound Center of Excellence at the Office of Comprehensive Services.
- 3.4 **Assurance of cultural and linguistic competence** in services funded under the mini-grant.
- 3.5 A sound **business plan** that includes strategies for being able to transition sustainability of any grant funded community services to purchase of service dollars (*eg. IV-E, Medicaid, CSA, etc*) and other funds by the end of the grant period, if applicable.
- 3.6 **Commitment from CPMT that it is committed to purchasing intensive care coordination for children who are in or at risk of out of home placements.**

### **4.0 REPORTING AND DELIVERY REQUIREMENTS:**

- 4.1 **All SAMSHA grantees must agree to report required outcome data** to a designee of the Virginia System of Care Implementation Team, consistent with the SAMHSA Transformation Accountability Center for Mental Health Services (TRAC) system for the grant. **The tool for collecting this data is the NOMs Client Level Measures for Discretionary Programs Providing Direct Services: Services Tool: Child/Adolescent or Caregiver Combined Respondent Version (see Section 10, Appendix A).** Mini-grant recipients will be given access to the SAMHSA TRAC system to enter this data, and DBHDS will assist grantees in learning about the tool. Requirements for entering the data include:
  - 4.1.1 All youth and families being served by proposed services funded through this mini-grant should have a NOMS Services Tool completed at these data collection points:
    - a. Baseline Assessment: within 14 days of beginning service through this project
    - b. Reassessment: every six months
    - c. Clinical Discharge
  - 4.1.2 Data collection begins when they enter grant funded services and ends when they are discharged or there is a 90 day lapse in service.
  - 4.1.3 If interview fails, must retry in 30 days; must complete as close to onset of services as possible.
  - 4.1.4 If the youth is 11 years or older, interview the child instead of the caregiver.
  - 4.1.5 Youth and caregivers will not be identified by name; the Virginia System of Care Implementation Team will work with SAMHSA and mini-grant recipients to identify a client identifier for entering in the TRAC system.

- 4.1.6 All interviews must be done face to face and answers must reflect the last 30 days of the youth or caregiver's life at the time of the interview.
- 4.1.7 Mini-grant recipients will be briefed on the tool by DBHDS and/or will be given access to instructional webinars on the TRAC system prior to program start date.
- 4.2 In addition, mini-grant recipients will be required to identify at least 3 performance measures for activities funded through this project and how they will measure these.
- 4.3 No more than 20% of the grant award/budget may be used for data collection, performance measurement, and performance assessment expenses.

## 5.0 **APPLICATION PREPARATION AND SUBMISSION REQUIREMENTS:**

### 5.1 **Specific Requirements of Application:**

Applicants are required to submit the following items as a complete Application:

- 5.1.1 The return of this complete RFA signed and filled out as required.
- 5.1.2 Complete the ***Executive Summary*** attached in **Appendix B**.
- 5.1.3 Provide a concise ***Project Summary*** that addresses the areas below. The narrative should be no longer than twelve typed double-spaced pages. Please use the standard font size (12 point) and 1" margins. The summary should clearly:

Describe how the proposed project will develop or enhance the core components of a system of care as listed below. All applications must address, at a minimum, coordination of services through development or strengthening of Intensive Care Coordination services. Projects must include description of how family partners will be incorporated into Intensive Care Coordination services. Core components that may be addressed include:

- a. Commitment of key leaders and stakeholders to a common mission, vision and goals for serving youth and families;
  - b. No wrong door (i.e., at-risk youth and families have access to funding and services regardless of how they come to the attention of those responsible for serving them);
  - c. Multidisciplinary planning (i.e., there is collaboration and cooperation in the planning for youth and families to address diverse and complex needs without limitations that might otherwise be imposed by operating within the parameters of individual agencies)
  - d. Blended and braided funding (i.e., there is a financial structure that encourages effective and efficient use of all available resources and maximization of federal funding streams.)
  - e. Coordinated services (i.e., effective individualized care planning and management and respect family and youth input, deliver care in the family setting, and care for families in the context of their communities. **(Required component of project)**)
- 5.1.4 Define "community" for the purposes of this grant. Specifically list the localities to be served.

- 5.1.5 List at least three specific measurable outcomes the applicant plans to achieve through implementation of this project.
- 5.1.6 Describe the human resources required for implementation of the proposed project if staff will be hired, describe the number and type of staff, including their qualifications and responsibilities.
- 5.1.7 List specific strategies, with activities and timeframes for each, for implementation of this project. Specify start-up and any training activities.
- 5.1.8 Describe the evidence (*or your theory*) that indicates how the proposed project and strategies you plan to employ are likely to produce the desired outcomes.
- 5.1.9 Describe the **capacity of the community** to carry out this collaborative project.
  - a. Provide evidence of broad-based collaboration among key stakeholders and organizations within the community to improve services for troubled and at risk youth and/or how this project will develop/enhance such collaboration (*Example of partners: families, family organizations, schools, social services, community services boards, juvenile justice, judges, government officials, community movers and shakers, private providers, parks and recreation, police, non-profit agencies, community foundations, faith based organizations, parent-teacher associations, businesses*).
  - b. Provide evidence that the community has the capacity to manage the proposed work. List the person(s) who will be responsible for managing the project, and for tracking the outcomes. Please list the name, organization, title, experience and expertise of person(s) assigned to these duties.

For assistance with this section of the RFA, see ***Assessment for Wraparound Implementation (Appendix C)***. All mini-grant recipients will be required to complete this assessment post award announcement if not submitted with their original application.

- 5.1.10 Provide **financial information** on the mini-grant project.
  - a. Provide a detailed budget for the proposed project that describes how funds will be used each fiscal year during the specified grant period. Include items such as personnel, staff training, travel, supplies/materials.
  - b. Provide an itemized budget rationale that details how budget amounts were calculated.
  - c. Describe how the service will be transitioned to and sustained with purchase of service dollars (*eg. IV-E, Medicaid, CSA, etc*) and other funds by the end of the grant period, if applicable. Specify the funding streams and timeframe.
- 5.1.11 Submit the proposal **Commitment Sheet (Appendix D)** signed by interagency collaborative team members.

#### 5.1.12 Attach **Support Letters**

- a. A signed letter of intent must be included from the individual who will serve as fiscal agent on the organization's letter head.
- b. Letters of support from key collaborators should be included.

**Attachments other than those listed above for the Appendices shall not be reviewed and will not be returned to the Applicant.**

#### 5.2 RFA Response:

In order to be considered for selection Applicants must submit a complete response to this RFA. **One (1) original and six (6) copies** of each Application must be submitted to the Purchasing Agency. No other distribution of the Application shall be made by the Applicant.

5.2.1 **Application Preparation:** Applications shall be signed by as specified in Section 5.1.11. All information requested must be submitted. Incomplete applications will be considered non-responsive and, therefore, rejected. Applications that do not follow preparation instructions will not be considered. Applications should be prepared as simply as possible, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFA. For ease of review, **it is recommended that the application follow the order of the sections above, labeling each section clearly.** Each copy of the Application should be bound in a single volume where practical and all documentation submitted with the Application be bound in that single volume.

5.2.2 **Oral Presentation of Applications:** Applicants who submit an Application in response to this RFA may be required to give an oral presentation of their Application to the DBHDS selection team. This shall provide an opportunity for the Applicant to clarify or elaborate on the Application but shall in no way change the original Application. Oral presentations are an option of the agency and may not be conducted. Therefore, written Applications should be complete.

#### 6.0 **APPLICATION EVALUATION AND AWARD CRITERIA:**

DBHDS will conduct a comprehensive, fair, and impartial evaluation of the proposals received. DBHDS will convene an Evaluation Team comprised of members of the Virginia System of Care Implementation Team to evaluate the proposals. Proposals will be evaluated using the criteria set forth in this document. The Evaluation Team will review, score and make selections based on the criteria.

##### 6.1 **Application Evaluation Criteria:**

The applications will be reviewed within the context of strengthening community systems of care to implement the mission and statutory principles of CSA. The broad criteria for evaluating applications include, but are not limited to, the elements listed below:

6.1.1 Soundness of Executive summary (5 points)

6.1.2 Need for service (15 points)

6.1.3 Project description to develop/enhance the community's System of Care including plan for ICC with parent partner component (20 points)

6.1.4 Service(s) to be developed through the grant to prevent and/or return children from out-of-community residential placement (15 points)

- 6.1.5 Capacity of the community to carry out the project (15 points)
- 6.1.6 Appropriateness and cost effectiveness of proposed financial information. (15 points)
- 6.1.7 Interagency team commitment and support letters (15 points)

6.2 AWARD: Selection shall be made of those Applicants deemed to be fully qualified and best suited among those submitting Applications on the basis of the RFA requirements outlined in Sections 3.0-5.0 above. Negotiations shall be conducted with the Applicants so selected. After negotiations have been conducted with each Applicant so selected, the agency shall select the Applicant(s) which, in its sole opinion, has made the best Application, and shall award a contract to that Applicant(s). The agency may cancel this Request for Applications or reject Applications at any time prior to an award, and is not required to furnish a statement of the reason why a particular Application was not deemed to be the most advantageous. (Section 2.2-4359D, Code of Virginia.) Should the DBHDS determine in writing and in its sole discretion that only one Applicant is fully qualified, or that one Applicant is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Applicant. The award documents shall be a contract incorporating by reference all the requirements, **terms, and conditions of the solicitation and the Contractor's Application as negotiated.**

## 7.0 GENERAL TERMS AND CONDITIONS:

- 7.1 VENDOR'S MANUAL: This solicitation is subject to the provisions of the Commonwealth of Virginia *Vendor's Manual* and any revisions thereto, which are hereby incorporated into this contract in their entirety, except for chapter 9, titled Appeals. A copy of the manual is normally available for review at the purchasing office and is accessible on the Internet at [www.eva.virginia.gov](http://www.eva.virginia.gov) under "Vendors Manual" on the vendors tab. The appeals procedures set forth in the DBHDS Departmental Instruction 810 (ADM) 07 are applicable to these contractual services. A copy of these Instructions is available for reviews in the offices of the DBHDS office of the Purchasing Agent are applicable to these contractual services.
- 7.2. Applicable Laws and Courts: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with applicable federal, state and local laws and regulations.
- 7.3 ANTI-DISCRIMINATION: By submitting their application, Applicants certify to the Commonwealth that they shall conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and ' 2.2-4311 of the *Virginia Public Procurement Act*. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of Virginia*, ' 2.2-4343.1E).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

- 1. During the performance of this contract, the Contractor agrees as follows:
  - a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities, except where

religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

- b. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
- c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

- 2. The Contractor will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions shall be binding upon each subcontractor or vendor.

- 7.4 Ethics in Public Contracting: By submitting their Applications, Applicants certify that their Applications are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other Applicant, supplier, manufacturer or subcontractor in connection with their Application, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.
- 7.5 Immigration Reform and Control Act of 1986: By submitting their Applications, the Applicants certify that they do not and shall not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
- 7.6 Debarment Status: By submitting their Applications, Applicants certify that they are not currently debarred from submitting Applications on contracts by any agency of the Commonwealth of Virginia, nor are they an agent of any person or entity that is currently debarred from submitting Applications on contracts by any agency of the Commonwealth of Virginia.
- 7.7 Anti-Trust: By entering into a contract, the Contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of the action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- 7.8 Mandatory Use of State Form and Terms and Conditions: Failure to submit an Application on the official state form provided for that purpose may be a cause for rejection of the Application. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the Application; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a Application.
- 7.9 Clarification of Terms: If any prospective Applicant has questions about the specifications or other solicitation documents, the prospective Applicant should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation shall be made only by addendum issued by the buyer.

## 7.10 PAYMENT:

### 1. To Prime Contractor:

- a. Invoices for items ordered, delivered and accepted shall be submitted by the Contractor directly to the payment address shown on the purchase order/contract. All invoices shall show the state contract number and/or purchase order number; social security number (for individual contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
- b. Any payment terms requiring payment in less than 30 days shall be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
- c. All goods or services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the Contractor at the contract price, regardless of which public agency is being billed.
- d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.

### 2. To Subcontractors:

- a. A contractor awarded a contract under this solicitation is hereby obligated:
  - (1) To pay the subcontractor(s) within seven (7) days of the contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or
  - (2) To notify the agency and the subcontractor(s), in writing, of the contractor's intention to withhold payment and the reason.
- b. The contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A contractor's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.

7.11 Precedence of Terms: Paragraphs 7.1-7.10 of these General Terms and Conditions shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

7.12 Qualification of Applicants: The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the Applicant to perform the work/furnish the item(s) and the Applicant shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect Applicant's physical facilities prior to award to satisfy questions regarding the Applicant's capabilities. The Commonwealth further reserves the right to reject any Application if the evidence submitted by, or investigations of, such or Applicant fails to satisfy the Commonwealth that such or Applicant is properly qualified to carry out the obligations of the contract and to complete the work/furnish the item(s) contemplated therein.

- 7.13 Assignment of Contract: A contract shall not be assignable by the Contractor in whole or in part without the written consent of the DBHDS.
- 7.14 Insurance: By signing and submitting an application under this solicitation, the Applicant certifies that if awarded the contract, it will have the following insurance coverages at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with 2.2-4332 and 65.2-800 et seq. of the *Code of Virginia*.

The Applicant further certifies that the Contractor and any subcontractors will maintain these insurance coverages during the entire term of the contract and that all insurance coverages will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

**INSURANCE COVERAGES AND LIMITS REQUIRED:**

1. Worker's Compensation - Statutory requirements and benefits.
2. Employers Liability - \$100,000.
3. Commercial General Liability - \$500,000 combined single limit. Commercial General Liability is to include Premises/Operations Liability, Products and Completed Operations Coverage, and Independent Contractor's Liability or Owner's and Contractor's Protective Liability. The Commonwealth of Virginia must be named as an additional named insured when requiring a Contractor to obtain Commercial General Liability coverage.
4. Automobile Liability - \$500,000 - Combined single limit.
5. Healthcare Practitioner - \$1,700,000 per occurrence.

**\*\*NOTE – Required by any awarded applicant who will perform services in or on state facilities.**

- 7.15 Changes to the Contract: Changes can be made to the contract in the following way:

The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.

- 7.16 Announcement of Award: Upon the award or the announcement of the decision to award a contract as a result of this solicitation, the Contracting agency will publicly post such notice on the DGS/DPS eVA web site ([www.eva.state.va.us](http://www.eva.state.va.us)) for a minimum of 10 days.
- 7.17 Drug-Free Workplace: During the performance of this contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.



For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a Contractor, the employees of who are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

**8.0 SPECIAL TERMS AND CONDITIONS:**

- 8.1 Audit: The Contractor hereby agrees to retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.
- 8.2 Availability of Funds: It is understood and agreed between the parties herein that the agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- 8.3 Obligation of Applicant: By submitting a Application, the Applicant covenants and agrees that he has satisfied himself, from his own investigation of the conditions to be met, that he fully understands his obligation and that he shall not make any claim for, or have right to cancellation or relief from the contract because of any misunderstanding of lack of information.
- 8.4 Cancellation of Contract: The Contracting Agency reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the Contractor. Any contract cancellation notice shall not relieve the Contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation. In the event of cancellation, the Purchasing Agency shall be liable for only those services delivered through the date cancellation is effective.
- 8.5 Ownership of Material: Ownership of all data, material and documentation originated and prepared for the State pursuant to the RFA shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Applicant shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Applicant must invoke the protection of this section prior to or upon submission of the data or other materials, and must identify the data or other materials to be protected and state the reason why protection is necessary.
- 8.6 Renewal of Contract: The contract(s) awarded as a result of this RFA may be renewed by the Commonwealth for a period of three (3) successive one year periods under the terms and conditions of the original contract. Written notice of the Commonwealth's intention to renew shall be given approximately 30 days prior to the expiration date of each contract period.
- 8.7 Prevailing Laws: All services provided by Contractor pursuant to this agreement shall be performed to the satisfaction of the Agency, and in accord with all applicable federal, state and local law, ordinance, rules and regulations. Contractor shall not receive payment for work found by the Agency to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.
- 8.8 Subcontracts: No portion of the work shall be subcontracted without prior written consent of the purchasing agency. In the event that the Contractor desires to subcontract some part of the work specified herein, the Contractor shall furnish the purchasing agency the names, qualifications and experience of their proposed subcontractors. The Contractor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.

- 8.9 Nondiscrimination of Contractors: A contractor shall not be discriminated against in the award of this contract because of race, religion, color, sex, national origin, age, or disability or against faith-based organizations. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.
- 8.10 Method of Payment: Payments shall be made as negotiated and outlined in the contract documents.
- 8.11 Confidentiality: The Contractor assures that information and data obtained as to personal facts and circumstances related to patients or clients shall be collected and held confidential, during and following the term of this agreement, and shall not be divulged without the individual's and the Agency's written consent. Any information to be disclosed, except to the Agency, must be in summary, statistical, or other form which does not identify particular individuals.
- 8.12 Criminal History: The Contracting Agency reserves the right to restrict activities required to provide the services herein to only those persons who are without criminal conviction. This restriction shall not relieve the contractor of any requirements herein. Upon request of the Agency, the contractor shall obtain a criminal history background check on any person, employee or subcontractor used for the delivery of services herein. The provider may, in its sole decision, determine that an individual possessing a criminal conviction poses no risk or threat to the Agency, its employees or clients, and may waive this restriction on a case by case basis.

## 9.0 LITERATURE CITATIONS

Bazron, Barbara J. (2012) *Statewide Implementation of Wraparound*. Washington, DC: Technical Assistance Enterprise. [http://tapartnership.org/enterprise/docs/Wraparound\\_Brief\\_Final\\_03022012.pdf](http://tapartnership.org/enterprise/docs/Wraparound_Brief_Final_03022012.pdf)

Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

## **10.0 APPENDICES**

### **10.1 Appendix A: Transformation Accountability (TRAC) Center for Mental Health Services: NOMs Client-Level Measures for Discretionary Programs Providing Direct Services: SERVICES TOOL: Child or Adolescent Respondent Version**

[https://www.cmhsgpra.samhsa.gov/TracPRD/View/docs/SVCS\\_ChildCombinedTool\\_130219v10.pdf](https://www.cmhsgpra.samhsa.gov/TracPRD/View/docs/SVCS_ChildCombinedTool_130219v10.pdf)

## 10.2 Appendix B: Executive Summary

**Applicant (s):**

**Main contact person** *(Include name, title, organization, phone #, and email address):*

**List of localities to be served:**

**Brief description of service(s) to be developed:**

**Number of children to be served annually at full capacity:**

**Proposed timeframe for grant:**

**Funding:**

**Amount of grant funds requested:**

Year 1

Year 2

Year 3

**Brief description of specifically how grant funds will be used:**

**Any in-kind contributions of community, amount & percent of total project costs:**

**Total project cost** *(including total grant funds and in-kind contributions):*

**Sustainability:**

**Estimated cost per child once any new service developed through this project is established and at full capacity:**

**Funding streams to be used to sustain any new service developed through this project when grant period ends:**

### 10.3 Appendix C: Assessment for Wraparound Implementation

#### **Assessment for Wraparound Implementation The Institute for Innovation and Implementation**

The Institute for Innovation and Implementation (The Institute) serves as a training, technical assistance, evaluation, policy, and systems design center. The Institute supports state and local governments and organizations to implement effective systems and practices that are designed to best meet the needs of children and youth with complex behavioral needs and their families. This support is provided through three units within The Institute: Policy and Finance; Technical Assistance and Implementation; and Research and Evaluation. These units work in an integrated fashion to assist governmental and other organizational entities to achieve better outcomes for children, youth, and their families.

The Institute brings with it nationally recognized expertise and leadership in the fields of children's behavioral health, systems of care, evidence-based and promising practices, care management, finance, policy, systems design, juvenile justice, child welfare, and much more. The staff of The Institute is responsible for the implementation of numerous projects both in Maryland and nationally. These include the project management, training and evaluation for the Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grants - MD CARES and Rural CARES; project management for the Center for Medicare & Medicaid Services (CMS) Children's Health Insurance Program Reauthorization Act Quality Demonstration Grant; evidence-based practice evaluation and implementation, including of Multi-Systemic Therapy, Functional Family Therapy, Multi-Dimensional Treatment Foster Care, and Brief Strategic Family Therapy; Wraparound implementation; and a national technical assistance and implementation center for Wraparound and evidence-based practices.

To assist us in individualizing the support we provide to mini-grant recipients, we need to first understand some key components of your local system structures as well as implementation factors we feel are important for wraparound implementation. This will provide us valuable information as we design a technical assistance plan for mini-grant recipients.

To this end, the Assessment for Wraparound Implementation is a tool designed to measure readiness of a local system in supporting quality implementation of wraparound and the sustainability of that effort. It is comprised of a series of questions that will assist The Institute and the Virginia System of Care Implementation Team in providing state support around wraparound implementation and sustainability. Please start by describing your local structure and how the systems are organized in your locality or localities. Provide your answers below:

How is your locality (or localities) structured?

How is your locality (or localities) organized in each child serving stakeholder system?

**Theme 1: Community Partnership.**

There is a formal collaborative structure (e.g., a "implementation team") for joint planning and decision-making through which community partners take collective responsibility for development and implementation of wraparound.	<b>CIRCLE ONE:</b> Y   N   DK
The community team includes leaders who are empowered to make decisions and commit resources on behalf of their organization to support the development and implementation of wraparound.	<b>CIRCLE ONE:</b> Y   N   DK
Families are influential members of the community team and other decision-making entities, and they take active roles in wraparound program planning, implementation oversight, and evaluation.	<b>CIRCLE ONE:</b> Y   N   DK
Youth and young adults are influential members of the community team and other decision-making entities, and they take active roles in wraparound program planning, implementation oversight, and evaluation.	<b>CIRCLE ONE:</b> Y   N   DK
Relevant public agencies (e.g., mental health, child welfare, schools, courts, juvenile justice) and major private provider organizations all participate actively and "buy in" to the wraparound effort.	<b>CIRCLE ONE:</b> Y   N   DK

Provide the name, title, organization, and email contact of the implementation team members:

Name	Title	Organization	Email Address

**NOTE:** If you are unable to make a rating because you do not know the system or community context adequately, please circle "DK" for "Don't Know."

If you have any comments about your community's supports for wraparound in this area, there is space for comments at the end of this survey.

**Theme 2: Collaborative Action.**

Key stakeholders in the wraparound effort have collectively developed and formally ratified statements of mission, principles, and desired outcomes that provide a clear direction for planning, implementation, and joint action.	<b>CIRCLE ONE:</b> Y    N    DK
The system has multiple high level leaders (e.g., senior agency administrators, elected officials, and other influential stakeholders) who understand wraparound and who actively support wraparound development by forging partnerships among agencies and organizations, changing policies, inspiring individual stakeholders, and creating effective fiscal strategies.	<b>CIRCLE ONE:</b> Y    N    DK
The wraparound effort is guided by a plan for joint action that describes the goals of the wraparound effort, the strategies that will be used to achieve the goals, and the roles of specific stakeholders in carrying out the strategies.	<b>CIRCLE ONE:</b> Y    N    DK
Collaborative and individual agency plans demonstrate specific and tangible collaborative steps (e.g., developing MOUs, contributing resources, revising agency regulations, participating in planning activities) toward achieving joint goals that are central to the wraparound effort.	<b>CIRCLE ONE:</b> Y    N    DK
The wraparound plan is <i>the</i> plan of care that structures and coordinates all partner agencies' work with a given child and family. The format and structure for documenting the plan reinforces relevant wraparound principles such as strengths-based, family-driven, and individualized.	<b>CIRCLE ONE:</b> Y    N    DK
The wraparound effort has an active and productive partnership with state agencies. This partnership has been successful in motivating policy and funding changes that support wraparound programs and practice.	<b>CIRCLE ONE:</b> Y    N    DK
Describe the target population to be served in wraparound.	
What are the referral pathways for wraparound?	
What is the anticipated ratio for facilitator to families served?	
Describe the staff who will be operating in the facilitator/care coordinator role.	
Is a 'point person' assigned to oversee the state's wraparound efforts? If so, please provide their name, title, organization, and contact information.	
Is there evidence the 'point person' has the necessary authority to run the implementation?	
How does wraparound fit in your continuum of care for youth in the state systems?	
Does the state have a written plan that includes wraparound implementation? If so, please attach a copy.	

**NOTE:** If you are unable to make a rating because you do not know the system or community context adequately, please circle "DK" for "Don't Know."

If you have any comments about your community's supports for wraparound in this area, there is space for comments at the end of this survey.

**Theme 3: Fiscal Policies and Sustainability.**

Agencies and decision makers have access to accurate information about the types and magnitudes of expenditures from all funding streams (e.g., mental health, special education, juvenile justice, developmental disabilities) for services and supports for <i>all</i> children with serious and complex needs (regardless of whether or not they are actually enrolled in wraparound).	<b>CIRCLE ONE:</b> Y   N   DK
The community collaborative has a formalized process for identifying and acting to remedy fiscal policies that impede the implementation of the wraparound program or the fulfillment of wraparound plans. Important changes to fiscal policies have been made	<b>CIRCLE ONE:</b> Y   N   DK
Key decision-makers and relevant agencies assume collective fiscal responsibility for children and families participating in wraparound and do not attempt to shift costs to each other or to entities outside of the wraparound effort.	<b>CIRCLE ONE:</b> Y   N   DK
Funds are available to pay for services and supports, and to fully implement strategies included in individual wraparound plans and safety/crisis plans.	<b>CIRCLE ONE:</b> Y   N   DK
There is a clear and feasible plan for sustaining fiscal support for the wraparound effort over the long term, and this plan is being fully implemented.	<b>CIRCLE ONE:</b> Y   N   DK
There is centralized monitoring of relevant outcomes for children, youth, and families in wraparound. This information is used as the basis for funding, policy discussions and strategic planning.	<b>CIRCLE ONE:</b> Y   N   DK
Wraparound teams can readily access (or receive necessary support to create) the services and supports required to fully implement their plans (including services such as respite, in home services, family support, mentoring, etc., that are commonly requested by wraparound teams).	<b>CIRCLE ONE:</b> Y   N   DK
There is an ongoing, systematic process for identifying and addressing barriers that prevent wraparound teams from doing their work and/or fully implementing their plans. Central barriers have been successfully addressed through this process	<b>CIRCLE ONE:</b> Y   N   DK
Describe your plan for financing implementation of wraparound?	
What is the state's long-term fiscal support plan for wraparound?	
How will local coaches be identified to support continuous quality wraparound implementation in the state?	
How will the state support/compensate the local coaches?	
Where will the local coaches be housed (e.g. university, provider agency, state system)?	
How will wraparound fidelity reviews happen? Who will be responsible?	
At what frequency will you measure fidelity?	
How will fidelity information be shared?	
Describe the frequency and mechanism that will be used for collecting and using child outcome data?	
What child outcome data are currently/will be collected?	

**NOTE:** If you are unable to make a rating because you do not know the system or community context adequately, please circle "DK" for "Don't Know."

If you have any comments about your community's supports for wraparound in this area, there is space for comments at the end of this survey.



**Respondent Comments (Optional):**

What do you believe are the most positive things about the development of system supports for wraparound in your community?

What are the most problematic issues facing your community regarding system supports for wraparound?

Do you have any additional feedback you would like to provide?

10.4 Appendix D: Commitment Sheet

INTERAGENCY TEAM OR APPLICANT ENTITY

- I participated in designing, providing input, and/or approving this grant proposal.
- I am committed to carrying out the role relevant to be as described in this proposal.
- I am committed to our project working collaboratively with the Virginia System of Care Implementation Team / DBHDS on the larger statewide effort by sharing innovative services, best practices and lessons learned with other communities through grantee meetings, statewide meetings, site visits, conference calls, written documents, or other methods that are effective in transferring knowledge.
- I commit that our project will comply with all data collection and reporting requirements.

\_\_\_\_\_  
Lead Contact Person: Name, Title, Stakeholder Group

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

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_____ Name, Title & Signature	_____ Stakeholder Group
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_____ Name, Title & Signature	_____ Stakeholder Group
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<b>Name, Title &amp; Signature</b>	<b>Stakeholder Group</b>
<b>Name, Title &amp; Signature</b>	<b>Stakeholder Group</b>
<b>Name, Title &amp; Signature</b>	<b>Stakeholder Group</b>
<b>Name, Title &amp; Signature</b>	<b>Stakeholder Group</b>